

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90012 028 ***550.00

DOCUMENT # F96000002751

1. Entity Name
CAREMATRIX OF MASSACHUSETTS, INC.

Principal Place of Business
197 FIRST AVE.
NEEDHAM MA 02494

Mailing Address
197 FIRST AVE.
NEEDHAM MA 02494

2. Principal Place of Business
120 Wells Avenue
 Suite, Apt. #, etc.

3. Mailing Address
120 Wells Avenue
 Suite, Apt. #, etc.

City & State
Newton, MA
Zip 02459 **Country** USA

City & State
Newton, MA
Zip 02459 **Country** USA

4. FEI Number 04-3312235

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOSMAN, ANDREW D	
STREET ADDRESS	197 FIRST AVE.	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CURRIE, DAVID B	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZACCARO, MICHAEL	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	GOSMAN, ABRAHAM D	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ZAYLOR, PAUL	
STREET ADDRESS	197 FIRST AVE.	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cataldo, Robert	
STREET ADDRESS	120 Wells Avenue	
CITY-ST-ZIP	Newton, MA 02459	
TITLE	SVP : Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 Wells Avenue	
CITY-ST-ZIP	Newton, MA 02459	
TITLE	P : CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 Wells Avenue	
CITY-ST-ZIP	Newton, MA 02459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 Wells Avenue	
CITY-ST-ZIP	Newton, MA 02459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ **Daytime Phone #** _____

CF2E034 (5/01)